

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/5/08/138

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5							55						
6	1						56						
7	1						57						
8	1						58						
9	1						59						
10	1						60						
11	2						61						
12	2						62						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		↓			↓			↓			↓	
TOTAL DEP.	16	←		←		←			←			←	←
TOTAL CLAIMS	20	████████		████████		████████			████████			████████	

BEST AVAILABLE COPY